

# REQUIREMENTS & INSTRUCTIONS - PSYCHOLOGIST LICENSE

Visit our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

## APPLICATION

Complete and sign the attached application form. Type or print legibly in black ink. **Failure to provide all the requested information will delay the processing of your application.**

Applicants are subject to requirements in effect at time of filing. There is no reciprocity or recognition of a psychologist license from another state.

Currently, there are six (6) methods to qualify for psychologist licensure in Hawaii. **Use the attached application if you wish to apply by examination, examination waiver, senior psychologist or diplomate of the American Board of Professional Psychology (ABPP).**

- If you wish to apply by Certificate of Professional Qualification in Psychology (CPQ) or National Register of Health Service Providers in Psychology Credential (NR), a separate application is available. Contact the Board's office at (808) 586-3000 or you may download the form from our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on "Psychologist".

## FEES

Application Fee (non-refundable) is \$50. **Attach** check made payable to: Commerce & Consumer Affairs.

## APPLICATION FOR EXAMINATION

Effective 1/1/02, the Examination for Professional Practice in Psychology (EPPP) administered in Hawaii is computer based. Therefore, applications are accepted year round with no specific filing deadline. After the Board has determined you are eligible to sit for the examination, you will be mailed further information regarding the exam and fee. For more information regarding the EPPP examination, see [www.asppb.org](http://www.asppb.org).

## DEGREE

**Hold** a doctoral degree in psychology or educational psychology from a regionally accredited institution of higher education or a doctoral degree from an American Psychological Association (APA) approved program in clinical psychology.

**Attach** official transcripts of your graduate work and a photocopy of your doctoral degree.

## TRAINING and GRADUATE WORK

**Complete** the attached "Training Report" (form PSY-02). A course may be applied only once and may not be repeated in any of the other areas.

**Have** a minimum of 6 or more graduate semester hours (or 9 graduate quarter hours) in each of the following areas:

- 1) Biological bases of behavior; physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.
- 2) Cognitive-affective bases of behavior; learning, thinking, motivation, emotion.
- 3) Social bases of behavior; social psychology, group processes, organizational and systems theory, community psychology.
- 4) Individual differences; personality theory, human development, abnormal psychology.
- 5) Psychodiagnosis and individual assessment; intellectual, personality and behavioral assessment.
- 6) Therapy; child or adult intervention or both.

**Have** a minimum of 3 or more graduate semester hours (or 4.5 graduate quarter hours) in each of the following areas:

- 1) Scientific and professional ethics and standards.
- 2) History and systems.
- 3) Research design and methodology.
- 4) Statistics and psychometrics.

## APA APPLICANTS

Applicants with doctoral degrees from APA approved programs in clinical psychology **ARE NOT** required to complete the Training Report. APA applicants may disregard this form.

## INTERNSHIP

**Have** completed 1,900 hours of internship experience approved by the APA or one year (1,900 hours) of supervised experience in health service in psychology in an internship or residency program in an organized health service training program. The internship must be part of the doctoral program and must be under the supervision of:

- 1) A licensed psychologist, or
- 2) A psychologist who holds an ABPP diplomate certificate, or
- 3) A person who holds a doctoral degree in psychology from an accredited institution who has had two years of postdoctoral experience in the work supervised.

**INTERNSHIP (Contd.)** **Have** your supervisor complete the attached "*Internship Verification*" form, then **attach** the completed form to your application. Please note that your supervisor is required to sign the form before a Notary Public.

**POSTDOCTORAL EXPERIENCE** **Have** completed 1 year (1,900 hours) of postdoctoral experience in health service in psychology under the supervision of:

- 1) A licensed psychologist, or
- 2) A psychologist who holds an ABPP diplomate certificate, or
- 3) A person who holds a doctoral degree in psychology or educational psychology from an accredited institution, granted prior to 1970, and is listed in the National Register of Health Service Providers in Psychology.

**Have** your supervisor complete the attached "Postdoctoral Verification Form," then **attach** the completed form to your application. Please note that your supervisor is required to sign the form before a Notary Public.

**NOTE:** The one year postdoctoral experience need not be met if you:

- 1) Enrolled in an APA-approved program or regionally accredited school prior to January 1, 1986, and
- 2) Meet all the other requirements established by the Board of Psychology.

#### **APPLICATION FOR LICENSURE-EXAMINATION WAIVER**

In addition to meeting the requirements and submitting the necessary documents under "Application for Examination", you will also need the following:

**LICENSE** Hold a license or certificate, in good standing, to practice psychology in another state, deemed by the Board of Psychology to have standards equivalent to Hawaii's requirements.

**EXAMINATION** Have passed the EPPP examination with a score that was equal to or higher than the board's passing score at the time the applicant took the EPPP. To transfer your EPPP score, please contact the Association of State and Provincial Psychology Boards (ASPPB) and request an "EPPP Score Transfer" form. The "EPPP Score Transfer" form can be downloaded from the ASPPB website: [www.asppb.org](http://www.asppb.org) or by sending a written request to:

ASPPB  
P.O. Box 241245  
Montgomery, AL 36124-1245  
Phone: (334) 832-4580  
Fax: (334) 269-6379

To verify your license in another state:

- 1) Complete the top portion of the "Verification of Licensure - Psychologist" form;
- 2) Send it to the original state of licensure with the appropriate service fee; and
- 3) Have them complete the bottom portion and return it directly to us.

#### **APPLICATION FOR LICENSURE-SENIOR PSYCHOLOGISTS**

**LICENSE** Holds a valid and current license or certificate to practice psychology in another state or jurisdiction in which the EPPP was not required for licensure at the time of licensure or in a state or jurisdiction in which the EPPP was required and the applicant obtained a score that was equal to or higher than the board's passing score at the time the applicant took the EPPP. To transfer your EPPP score, please contact ASPPB and request an "EPPP Score Transfer" form. The "EPPP Score Transfer" form can be downloaded from the ASPPB website: [www.asppb.org](http://www.asppb.org) or by sending a written request to:

ASPPB  
P.O. Box 241245  
Montgomery, AL 36124-1245  
Phone: (334) 832-4580  
Fax: (334) 269-6379

Have been licensed as a psychologist for at least 20 years in the United States or Canadian jurisdictions where that license was based on a doctoral degree and have had **no** disciplinary sanctions in any jurisdiction.

**LICENSE (Contd.)**

To verify your license in another state:

- 1) Duplicate the "Verification of Licensure – Psychologist" form as necessary. Complete the top portion of the form.
- 2) Send the forms and appropriate service fee to all jurisdictions where you are (or were) licensed as a psychologist; and
- 3) Have them complete the bottom portion and return the form directly to us.

**APPLICATION FOR LICENSURE-DIPLOMATES****CERTIFICATE**

Hold a diplomate certificate in good standing granted by the American Board of Professional Psychology (ABPP).

**Attach** an original letter of good standing from the ABPP.

**GENERAL INFORMATION****BOARD'S ADDRESS**

Mail all required items to:

Board of Psychology  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:

1010 Richards St., 1<sup>st</sup> Floor  
Honolulu, HI 96813

Phone: (808) 586-3000

**LAWS AND RULES**

To obtain a copy of the laws, Chapter 465, Hawaii Revised Statutes, and rules, Chapter 98, Hawaii Administrative Rules, send a written request and \$1.25 to: *CASHIER, Commerce and Consumer Affairs, P.O. Box 541, Honolulu, Hawaii 96809*. (Price subject to change without notice.) Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act may be purchased separately for 75¢.

Please refer to the Psychologist laws (Chapter 465, HRS) and rules (Chapter 98, HAR) for additional information on the licensing requirements.

The laws and rules are also posted on our website free of charge at: [www.hawaii.gov/dcca](http://www.hawaii.gov/dcca). Look under "Psychologist".

**LICENSURE**

After all requirements are fulfilled, license fees will be due. Notification of amounts will be sent to you at the appropriate time.

**BIENNIAL RENEWAL**

All licenses, regardless of issuance date, **expire on June 30 of each even-numbered year** and are subject to renewal. Renewal applications are mailed to current licensees at their last known address about 2 months prior to the license expiration date. To ensure receipt of the renewal application, keep the board informed of your address.

**APPLICANTS WITH SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**ABANDONMENT OF APPLICATION**

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

# APPLICATION FOR LICENSE - PSYCHOLOGIST

Effective Date:

License No.

PSY -

Legal Name (First-Middle)

(LAST)

Other Names Used (include maiden name):

Residence Address (include apt. no., city, state and zip code)

Mailing Address (ONLY if different from above)

Social Security No.

Phone No. (days)

FOR OFFICE USE ONLY

Applying for (check one)

☐ Examination

☐ Licensure-Examination Waiver

☐ Licensure-Senior Psychologist

☐ Licensure-Diplomate (ABPP)

☐ Temporary Permit

If you are licensed in another state(s), please answer the following:

a. What State(s) \_\_\_\_\_

b. Effective date of licensure \_\_\_\_\_

c. Was a written exam required \_\_\_\_\_

d. Name of the exam you took \_\_\_\_\_

Circle or underline your answers; and provide details as needed:

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Have you ever been denied a certificate or license to practice psychology? ..... YES NO
- 4) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... YES NO
- b. Are there any disciplinary actions pending against you? ..... YES NO
- c. Have you ever been disciplined for an ethical violation by a professional association or institution? ..... YES NO
- 5) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO

If any of your responses to questions #3, #4a, b or c, and #5 were "yes," provide information on date, place, and type of conviction or disciplinary action on a separate sheet and submit pertinent documents.

EDUCATION	Name of Institution	Major Course of Study	Date Graduated	Name of Degree Conferred	Program APA Approved

  

EXPERIENCE	Name & Address of Employer	Duties	Dates (mo/yr)		Position
			From	To	

(Continued on back)

App..... 563..... \$50  
Temp..... 566..... \$30  
Service fee... BCF..... \$15

Lic..... 565..... \$30  
CRF..... 567..... \$55/110  
½ Renewal..... 560..... \$50

Affidavit of Applicant:

I certify that the answers and statements made in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

I further certify that I have read, understand, and will abide by the provisions of Chapter 465, Hawaii Revised Statutes, and Chapter 98, Hawaii Administrative Rules concerning Psychologists in the State of Hawaii.

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Date

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Signature of Applicant

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

- | Course Number | Brief Description of Course Content   | AMOUNT OF:             |                    |     |
|---------------|---|------------------------|--------------------|-----|
|               |   | Graduate Semester Hrs. | Graduate Qtr. Hrs. |     |
|               | A. <u>BIOLOGICAL BASES OF BEHAVIOR</u> ; PHYSIOLOGICAL PSYCHOLOGY, COMPARATIVE PSYCHOLOGY, NEUROPSYCHOLOGY, SENSATION AND PERCEPTION, PSYCHOPHARMACOLOGY: |                        |                    | (9) |
|               | TOTAL HOURS (6)   |                        |                    |     |
|               | B. <u>COGNITIVE-AFFECTIVE BASES OF BEHAVIOR</u> : LEARNING, THINKING, MOTIVATION, EMOTION:  |                        |                    |     |
|               | TOTAL HOURS (6)   |                        |                    | (9) |
|               | C. <u>SOCIAL BASES OF BEHAVIOR</u> ; SOCIAL PSYCHOLOGY, GROUP PROCESSES, ORGANIZATIONAL AND SYSTEMS THEORY, COMMUNITY PSYCHOLOGY:                         |                        |                    |     |
|               | TOTAL HOURS (6)   |                        |                    |     |
|               | TOTAL HOURS (6)   |                        |                    | (9) |

**Pg. 2 Training Report-Psychologist** (APA applicants may disregard this form.)

NAME OF APPLICANT (First-Middle-LAST): \_\_\_\_\_

Social Security No: \_\_\_\_\_

Date: \_\_\_\_\_

Course Number	Brief Description of Course Content	AMOUNT OF:	
		Graduate Semester Hrs.	Graduate Qtr. Hrs.
	D. <u>INDIVIDUAL DIFFERENCES</u> ; PERSONALITY THEORY, HUMAN DEVELOPMENT, ABNORMAL PSYCHOLOGY:		
	TOTAL HOURS (6)		(9)
	E. <u>PSYCHODIAGNOSIS AND INDIVIDUAL ASSESSMENT</u> ; INTELLECTUAL, PERSONALITY AND BEHAVIORAL ASSESSMENT:		
	TOTAL HOURS (6)		(9)
	F. <u>THERAPY</u> ; CHILD OR ADULT INTERVENTION, OR BOTH:		
	TOTAL HOURS (6)		(9)

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

- | Course Number | Brief Description of Course Content                         | AMOUNT OF:             |                    |
|---------------|---|------------------------|--------------------|
|               |   | Graduate Semester Hrs. | Graduate Qtr. Hrs. |
|               | G. <u>SCIENTIFIC AND PROFESSIONAL ETHICS AND STANDARDS:</u> |                        |                    |
|               | TOTAL HOURS (3)   |                        | (4.5)              |
|               | H. <u>HISTORY AND SYSTEMS:</u>                              |                        |                    |
|               | TOTAL HOURS (3)   |                        | (4.5)              |
|               | I. <u>RESEARCH DESIGN AND METHODOLOGY:</u>                  |                        |                    |
|               | TOTAL HOURS (3)   |                        | (4.5)              |
|               | J. <u>STATISTICS AND PSYCHOMETRICS:</u>                     |                        |                    |
|               | TOTAL HOURS (3)   |                        | (4.5)              |



**Internship Verification - PSYCHOLOGIST**  
 Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

*Instructions to the Applicant:* Complete Section 1, have your **supervisor complete Section 2 to verify your internship**, then attach the completed form to your application before submitting it to the board. Please note that your supervisor must sign the form before a notary public.

Section 1: APPLICANT	Name (First-Middle)		(Last)	Social Security No.	
	Address (include apt no. & zip code)			Phone No.	
	SIGN HERE:			Date	

  

Section 2: SUPERVISOR ONLY	<b>TO THE SUPERVISOR:</b>  <i>The person named above is applying for a psychologist license in Hawaii. Please complete Section 2 to verify the applicant completed the internship <b>under your supervision</b>, sign the form before a notary public, then return the completed form to the applicant. To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.</i>					
	Employment Dates (mo/yr)		Length of Service	Total Internship Hours	Position Held	Site of Internship Address, City, State
	From	To				
			yrs.    mos.	hrs.		
	Affidavit of Supervisor:					
	I hereby attest that I supervised the internship experience of the individual listed above and that the information in Section 2 is accurate. I further certify that I am: (check one) <div> <input type="checkbox"/> A licensed psychologist.             <input type="checkbox"/> A psychologist who holds an ABPP diplomate certificate.             <input type="checkbox"/> A person who holds a doctoral degree in psychology from an accredited institution who has had two years of postdoctoral experience in the work supervised.           </div>					

  

Section 2: SUPERVISOR ONLY	Signature of Supervisor _____	
	Print your name _____	
	Address _____	
	Phone No. (    ) _____	
	State of Licensure _____	
	License No. _____	

  

Section 2: SUPERVISOR ONLY	Subscribed and sworn to before me This _____ day of _____, 20____	School doctoral degree received from _____
	_____	_____
	Notary Public, State of _____ My commission expires: _____	_____

**Postdoctoral Verification - PSYCHOLOGIST**

*Instructions to the Applicant:* Complete Section 1, have your **supervisor complete Section 2 to verify your postdoctoral experience**, then attach the completed form to your application before submitting it to the board. Please note that your supervisor must sign the form before a notary public.

Section 1:

APPLICANT

Name (First-Middle)		(Last)	Social Security No.		
Address (include apt no. & zip code)			Phone No.		
SIGN HERE:			Date		

Section 2:

SUPERVISOR ONLY

**TO THE SUPERVISOR:**

*The person named above is applying for a psychologist license in Hawaii. Please complete Section 2 to verify the applicant completed the postdoctoral experience **under your supervision**, sign the form before a notary public, then return the completed form to the applicant. To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.*

Employment Dates (mo/yr)		Length of Service	Total Postdoctoral Hours	Position Held	Site of Postdoctoral Experience Address, City, State
From	To				
		yrs.    mos.	hrs.		

Affidavit of Supervisor:

I hereby attest that I supervised the postdoctoral experience of the individual listed above and that the information in Section 2 is accurate. I further certify that I am: (check one)

☐ A licensed psychologist.
 ☐ A psychologist who holds an ABPP diplomate certificate.
 ☐ A person who holds a doctoral degree in psychology or educational psychology from an accredited institution, granted prior to 1970, and is listed in the National Register of Health Service Providers in Psychology.

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Signature of Supervisor

Print your name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

State of Licensure \_\_\_\_\_

License No. \_\_\_\_\_

School doctoral degree received from \_\_\_\_\_

VERIFICATION OF LICENSURE – PSYCHOLOGIST

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

Board of Psychology  
P.O. Box 3469  
Honolulu HI 96801

A P P L I C A N T	APPLICANT: Complete top of this page and forward to ORIGINAL state of license.	
	Name (LAST, First, Middle)	Other Names Used
	Address (include Apt. No. and Zip Code)	Social Security No.
		LICENSE/CERTIFICATE NUMBER
	Phone No.	Date Issued.
	I hereby authorize the psychology licensing agency in the State of _____ to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.	
Date _____ SIGN HERE: _____		

L I C E N S I N G  A G E N C Y  O N L Y	This is to certify that the above-named individual holds a license/certificate that is currently valid and in good standing.	
	License Number _____	
	Date of Licensure _____	
	Date of Expiration _____	
	_____ The license/certificate was issued upon the passing of the Examination for Professional Practice in Psychology (EPPP)	
	EPPP: Date Passed _____	
	Form Number _____	
	Raw Score _____	
	_____ The EPPP was <u>NOT</u> required for licensure at the time this person was licensed.	
	Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, or placed on probation? ..... [ ] YES [ ] NO	
If YES, please send a copy of your Board's: 1) Administrative Action; 2) Final order		
SEAL		
Signature _____		
Title _____		
State _____		
Date _____		
TO THE BOARD: Return this form <u>directly</u> to the Hawaii Board of Psychology, DCCA, PVL Licensing Branch, P.O. Box 3469, Honolulu, HI 96801		